

3rd follow up outbreak Response assessment

17th to 21st November 2014

Ethiopia

Objectives

- To assess whether progress seen as per epidemiology is real
- To assess whether the quality and adequacy of polio outbreak response activities are sufficient to interrupt polio transmission or sustain polio free status, if already interrupted; with a focus on status of implementation of previous 3 month assessment recommendations.
- To provide additional technical recommendations to assist the country meet the goal of achieving/ sustaining polio free status

Subject areas of assessment

- Implementation of recommendation from previous assessment
- AFP surveillance sensitivity
- SIAs – planning, delivery, monitoring , communications, vaccine supply; with particular focus on high risk populations.
- Effectiveness of partner coordination during outbreak response
- Adequacy of resources to carry out effective response activities
- Routine Immunization performance and polio support to strengthen

Methodology

- Desk Review of relevant documents and reports shared
- Field observation/assessment to areas affected and or areas at risk to evaluate the plan, process, implementation of the quality of outbreak response including supporting structures
- Interaction with the key field staff, community and stakeholders
- Provide feedback to the Government authorities and national and Zonal partner teams

General observations

General observations

- Very strong commitment seen at regional, Zonal and Woreda levels
- Strong progress has been made in the implementation of recommendations from previous assessment
- Improvement in vaccination coverage of pastoral community seen, particularly in microplanning and communication, however it needs to be further strengthened by close monitoring
- Uncertainty on dates of campaigns is still leading to suboptimal preparation
- Surveillance in Dollo remains a concern.
- Routine Immunization coverage in infected zone is very low

***Observations on the recommendations
from 2nd outbreak response
assessment (2nd ORA)***

2nd ORA Recommendations: Coordination

Rejuvenate the National and lower level coordination mechanisms that are already in place in order to improve communication among all partners.

- Maintain the schedule of meetings for the National Command Post and ICC
- Maintain a comprehensive updated list of partners to these meetings and ensure timely communication of meetings and meeting out comes.
- Improve and ensure open lines of communication between and at all levels.
- Strengthen Dollo Zone command post to be fully functional and should include all partners on ground by mid July 2014.

Observations and Recommendations: Coordination

- **Status:**
 - Good coordination at all levels
 - Dollo command post is fully functional
- **Recommendation:**
 - Sustain the good coordination mechanism

2nd ORA Recommendations: Micro planning

Complete the implementation of validated, bottom-up Micro-planning process in all areas and ensure regular update to reflect population changes and movements. .[By end July for Dollo Zone and Nation wide by end Oct 2014]

- Strengthen bottom up micro planning, *with focus on pastoral/mobile communities*, starting from the outbreak zones
 - Training with appropriate tools (Maps, GIS)
 - Use of updated population movements data and new settlements
 - Target population data with improved precision.
 - Conduct post campaign micro planning reviews to accommodate findings for corrective action.
 - ***Validate microplans for budget, resources and maps of the catchment areas for supervisors and daily movement plans for the teams.***
 - ***Ensure adequate funding resources for implementation of validated bottom up microplans***

Expected outcome:

- Implementation of updated and complete microplans with inclusion of all pastoral communities and individual team microplans.

Observations and Recommendations: Micro planning

Status:

- Bottom up microplanning done, with Kebele administrators, clan elders and women's group involvement
- Funding released as per the requirements received from Woreda and zonal level
- Effort has been made to identify the new settlements (from 244 in June to 1620 settlements in last campaign) and mapping has been done.
- Extra teams have been deployed to cover pastoral community.
- Team movement plan has been prepared (need to improve)

However,

- Inclusion of scattered pastoral settlements is still incomplete
- Documentation of microplans is suboptimal and showing incoherencies
- Microplans in other Zones of Somali region are still of suboptimal quality

Recommendation:

- Strengthen identification and inclusion of all settlements in microplan
- Improve documentation of microplan at health facility level
- Need to strengthen microplanning including social mapping in other zones of Somali region

2nd ORA Recommendations: Nomadic Populations

- **Specifically articulate integrated strategy to reach nomadic and pastoralist and demonstrate impact through data and the monitoring of mobile population-specific indicators. [By end July 2014]**
- Identify a national coordinator and a coordinator at the regional/ Zonal level (Somali) to coordinate the nomadic population issues
- Identify all government, partners and Clan/Kibele leaders working with nomadic populations in each Woreda.
- From those key informants collect data on the movement and timing of these populations and continuously update before every campaign.
- Work with those groups on the ground to incorporate that information in the micro plan.
- For microplanning, the team target for pastoral areas should maximum of 40 children per day; adequate resources for proper supervision and monitoring
- Innovative opportunities for vaccination like 'water point strategy' should be explored and implemented.

Observations and Recommendations: Nomadic Populations

- **Status:**

- List of nomadic population and settlements have been developed with involvement of clan and kibeles leaders; this ***needs to be updated regularly***
- Engagement of clan, religious & community leaders and Women groups is good and ***needs to be sustained and further strengthened.***
- Nomadic and Pastoral specific teams have been deployed however, some of these population groups are still being missed owing to gaps in microplanning (distribution of teams, workload)
- Monitoring of Impact of these interventions is suboptimal
- Water points and market strategy is implemented but ***needs to be arranged according to a definite plan.***

- **Recommendations:**

- Continue strengthening efforts for reaching pastoral/nomadic populations and closely monitor the process regularly.
- Explore other opportunities like veterinarian services and integrated health package, WASH and nutrition

2nd ORA Recommendations: Surveillance

Maintain the highly sensitive surveillance in high risk zones and among high risk populations, such as mobile populations.

- Secure better population data as a basis for calculating the surveillance rates
- Prioritize the reporting sites and strengthen active surveillance as per the existing norms; ensure availability of resources (funds and human resources) at lower levels to support surveillance.
- Continuously update the priority list to take into account the new areas of risk.
- Review and scale up the initiated community surveillance process ensuring inclusion of all significant actors and report the impact of the process.

Observations and Recommendations: Surveillance

- **Status:**

- Reporting sites prioritized; however, plan and documentation of ACS done is not uniform
- Community based surveillance has just been systematized and needs to be further strengthened, need to engage religious leaders and traditional healers
- Very low stool adequacy rate in Dollo zone (55.8%)
- Weekly reporting suboptimal in Dollo

Observations and Recommendations: Surveillance

- **Recommendations:**

- Dollo:**

- Fast track full implementation of community based surveillance in Dollo Zone
 - Community surveillance should also include traditional healers and TBA
 - Social mobilizers, vaccinators and supervisors should be sensitized on detection and reporting of AFP cases
 - Health Facility Contact analysis should be done for all AFP cases and reporting network should be expanded to capture the identified health facilities
 - Strengthen frequency and quality of ACS
 - Need to have a Woreda surveillance Officer

2nd ORA Recommendations: Communication

Fully implement the Communication plan at the operational level in the field.

- Integrating communication into the micro plans
- Strengthen and expand Interpersonal Communication (IPC) training for Health Workers and community influencers
- Review and update Routine Immunization messages.
- Review and implement the existing communication plan prioritizing nomadic and mobile populations.

Observations and Recommendations: Communication

- Status:
 - Communication and social plan integrated in microplans achieved in Dollo, need to be continued and strengthen in other zones
 - IPC training has been integrated however it needs to be strengthened with improved IPC module
 - RI messaging is in process, it should be fast tracked with a maximum timeline of 3 months
 - Communication plan has been revised to focus on nomadic and pastoral community however implementation is not systematic and documentation of implementation is limited

Observations and Recommendations: Communication

Recommendations:

- **Continue to strengthen existing social mobilization interventions in light of available communication evidence:**
 - Social mapping to be universally expanded across the Somali region
 - Existing social mobilization structures (IASC, SM committees, RCC & ZCC) should be maintained and utilized for other health interventions, including routine immunization
 - The depth of IPC module and training need to be assessed and strengthened.
 - Immediate deployment of health education and radio broadcasting materials
- **Develop communication action plan for sustained engagement with nomadic pastoralists**
 - Mapping of clan leaders strengthened and standardized across all Woredas
 - Utilize mobile health teams and other opportunities (health, WASH, animal health) as an entry point
 - Consider development of special education materials that address information needs of nomadic pastoralists

2nd ORA Recommendations: Finance

Funding: A specific detailed review for the flow of funds should be undertaken to improve timeliness with specific consideration to use implementing partners to manage funds in Dollo zone

- Partners WHO and UNICEF to undertake a detailed review of the funds movement between Headquarters, Regional Offices and to the Country Office and streamline the process appropriately. [End July 2014]
- MOH together with WHO and UNICEF country offices to undertake a detailed review of the funds movement from country offices to the Ministry of Health and down to the Woreda level.[End July 2014]
- MOH to systematize timely reporting of use of funds to the source of funding.
- Partners in liaison with MOH to conduct a feasibility assessment on implementing partner management of funds in the highest risk zone (Dollo) with a time line to review its viability.

Expected outcome:

- No planned campaign should be delayed due to delay in funds; funds should be made available to lowest administrative level at least 1 week prior to start date of campaign.

Observations and Recommendations : Finance

Status:

- Implementing partner (IP) process has been implemented in Dollo zone
- Fund flow process has been reviewed and bottlenecks identified.
- Planned campaigns are still being delayed due to fund flow issue. Funds have not reached to Dollo zone till 20th Nov for campaign planned to start from 21st Nov.
- Delays at all levels.

Recommendation:

- Solve the funding issue by removing the bottlenecks identified by review of fund flow process.
 - The budget should be submitted 3 month in advance of SIA, fund should be in country at least 2 months before SIA and at Woreda level 1 week before
- Ensure advance funding for SNIDs of first quarter 2015 before end Dec 14
- Consider continuing and expanding direct disbursement mechanism

2nd ORA Recommendations: Logistics & Resources

Ensure adequate Logistics, Operational and Human resources to complete outbreak response efforts

- Optimize available resources to support appropriate micro planning, active surveillance, routine immunization and communication.
- Government to fill the vacancies at Woreda and Health facility level on priority basis in outbreak zone
- Partner agencies to fill the vacant positions
- Government should ensure sufficient resource to maintain existing asset such a cold chain and transportation.

Observations and Recommendations: Logistics & Resources

- Status:
 - Partner agencies have filled the vacancies
 - In Dollo zone, Vacancies at Woreda and Health facility level still exist
 - Vaccine and logistic arrive on time
- Recommendation:
 - Government to fill the vacancies at Woreda and Health facility level on priority basis in outbreak zone

2nd ORA Recommendations: Support to RI

Continue to support the Routine Immunization improvement plan and report on its progress and ensure that polio resources are being leverage to improve RI.

- Provide a quarterly Routine Immunization improvement plan implementation status
- Provide a quarterly detailed report on how Polio Resources have been utilized to support Routine Immunization.
- Priority intervention in high risk areas
 - Filling the Government vacancies
 - Additional cold chain equipment (and maintenance) to ensure RI services at all health facilities
 - Outreach services to be initiated/strengthen from every fixed post.
 - Strengthen supportive supervision from regional level
 - Review/ develop and implement communication strategy

Observations and Recommendations: Support to RI

- **Status:**

- Additional cold chain equipment has been supplied
- Definite progress in RI seen in Jigjiga
- Awareness and demand for RI seen
- RI TA has been positioned in Dollo zone.
- Dollo Zone:
 - Improvement in RI not seen with specific concerns on vaccine management and cold chain,
 - Very few health facilities providing RI services, vacancy in health staffs
 - limited outreach services (only MSF),
- Polio structure is supporting RI however can be more involved in building the capacity

- **Recommendations:**

- Build the capacity of staff by training and supportive supervision
- Fill the vacancies at health facilities in high risk zones on priority basis.
- Designate an EPI focal person in Woredas of Dollo Zone before end Dec 2014
- Ensure planning and provide budget for outreach
- Back up generator in Warder hospital

2nd ORA Recommendations: Lab

Complete laboratory improvement infrastructure to prevent contamination and maintain quality

Status:

- Renovation process has started specifically the stool reception area is being constructed.
- Contract has been signed for renovation for rest of the lab

Other observations in the field

Other observations and recommendations

- **Vaccinators and supervisors training:**

- Improvement in training quality and attendance

Recommendation:

- Need to be strengthened further, specially for supervisors and new vaccinators

- **Permanent vaccination points:**

- Functioning well in Jigjiga
- Documentation needs to be improved- weekly real time reporting
- Has not been functional in Dollo from past 2 months

Recommendation:

- Resume permanent vaccination points at Dollo with weekly real time reporting

- **Monitoring:**

- IM: Selection of monitors is a concern

Recommendation:

- LQAS piloted in one zone in Somali region, should be expanded in the next campaign to include Dollo and other very high risk zones.

Conclusions

Conclusion

- **Objective 1:** To assess whether progress seen as per epidemiology is real
 - **Significant progress has been made in outbreak response activities however, in the view of surveillance quality in Dollo zone, continuing low level of transmission can not be ruled out**
- **Objective 2:** To assess whether the quality and adequacy of polio outbreak response activities are sufficient to interrupt polio transmission or sustain polio free status, if already interrupted; with a focus on status of implementation of previous 3 month assessment recommendations.
 - **Improvement in SIA quality seen in infected area particularly reach to pastoral community, however the program is still missing children.**

Key Recommendations

Recommendations

- **Microplanning:**
 - Strengthen identification and inclusion of all settlements in microplan and improve documentation of microplan at health facility level
 - Need to strengthen microplanning including social mapping in other zones of Somali region
- **Nomadic:**
 - Continue strengthening efforts for reaching pastoral/ nomadic and closely monitor the process regularly.
 - Explore other opportunities like veterinarian services and integrated health package, WASH and nutrition
- **Finance:**
 - The budget should be submitted 3 month in advance of SIA, funds should be in country at least 2 months before SIA (Partners) and at Woreda level 1 week before (FMOH/IP).
 - Consider continuing and expanding direct disbursement mechanism

Recommendations

- **Surveillance**

- Fast track full implementation of community based surveillance in Dollo Zone, and should also include traditional healers and TBA
- Social mobilizers, vaccinators and supervisors should be sensitized on timely detection and reporting of AFP cases
- Health Facility Contact analysis should be done for all AFP cases and reporting network should be expanded to capture the identified health facilities
- Strengthen frequency and quality of ACS
- Need to have Woreda surveillance Officers in Dollo

- **Monitoring**

- LQAS piloted in one zone in Somali region, should be expanded in the next campaign to include Dollo and other very high risk zones.

- **Permanent Vaccination point**

- Resume permanent vaccination points at Dollo with weekly real time reporting

Recommendations

- **Communication**
 - Continue to strengthen existing social mobilization interventions in light of available communication evidence:
 - Develop communication action plan for sustained engagement with nomadic pastoralists
- **Resources:**
 - Government to fill the vacancies at Woreda and Health facility level on priority basis in outbreak zone
- **Training:**
 - Need to be strengthened further, specially for supervisors and new vaccinators

Thank you